



## FRESNO POLICE OFFICER RESERVE APPLICATION

NAME				SSN	
(LAST)		(FIRST)	(MIDDLE)		
DATE OF B	IRTH:	AGE	(MUST BE 2	1 YEARS OF AGE)	
ADDRESS:_		(STREET)			
	(NUMBER)	(STREET)	(CITY)	(ZIP)	
HOME PHO	NE:	WORK		CELL	
EMAIL ADI	ORESS(OPTI	ONAL)			
Are you a U.	S. citizen? Y	esNo If no, hav	ve you applied	for U.S. citizenship? YesNO	
•		· •	•	ool equivalency exam or possess a	
Do you posse	ess a valid Ca	lifornia Drivers Licens	e? Yesl	No	
If yes, CDL r	number	Ex	piration Date_		
Please mark	the Applicabl	e statement:			
_	I possess a P.O.S.T. certificate of completion from a Basic Police Academy or currently attending a P.O.S.T Basic Police Academy				
	With a completion date of				
	I possess a Basic P.O.S.T. Certificate. Date of last full-time employment				
	I am currently attending or completed a P.O.S.T. Reserve Academy training Level I, II, III, with a completion date of				
		AD THIS STATEM			
•	•		•	ith this application are true and	
_	-	_		and and agree that any orfeiture on my part to a position	
	no Police Dep		min cause 1	orientate on my part to a position	
a.					
Signature			Date		